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BUMED distributes MEDNEWS to Sailors and Marines, their families, civilian employees and retired Navy and Marine Corps families. Further distribution is highly encouraged.

Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Hospital Corpsmen (HM) and Dental Technician (DT) designators are placed in front of their names.

-USN-

Contents for this week's MEDNEWS:

- Corpsman saves a life 23,000 feet in the air
- LIFELines 2000 "web-a-fies" health care access
- Pharmacy data system enhances beneficiary safety
- Natural Fire-2000 in Kenya, Africa
- Anthrax question and answer
- TRICARE question and answer
- Healthwatch: What to do when bacteria fight back

-USN-

Stories

Headline: Corpsman saves a life 23,000 feet in the air

By: HMCS Dan DuBois, Medical Company, CSSG-3

KANEOHE, Hawaii - What began as a routine trip from Los Angeles to Boston, turned into an unexpected venture for HM3 Ricardo Tubbs.

About one half hour after takeoff, Northwest flight 944 was travelling 23,000 feet over the Rocky Mountains when a flight attendant requested that any medical personnel on board come to the front to assist another passenger.

Tubbs, from Medical Company, CSSG-3, answered the call. When he arrived at the front of the aircraft, he found a 69-year-old man having chest pains and shortness of breath.

With supplies from the aircraft medical bag, Tubbs placed the man on oxygen, a cardiac monitor and began a physical assessment.

The monitor showed the patient was in atrial fibrillation, a potentially life threatening problem that causes a decrease of blood circulation.

The flight landed in Minneapolis, MN, so that the patient could be transferred to the care of local paramedics.

"Tubbs was sharp and extremely compassionate," said Dr. Richard Deichert, a trauma emergency room physician at Loma Linda University Hospital who assisted Tubbs on the flight. "He had excellent clinical skills and was a great medic."

Once again, the quick and capable response of one of Navy Medicine's professionals made a difference in someone's life.

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Headline: LIFELines 2000 "web-a-fies" health care access
By LIFELines public affairs

WASHINGTON - Cyberspace assistance is coming to naval hospitals, medical service centers and service providers as fast as the facilities can web-enable them.

From Bremerton to Rota, medical and dental services that Sailors and their families used to stand in line for are now being offered online at naval medical facility web sites. And LIFELines2000, the Navy and Marine Corps multi-media service delivery network, is bringing them together in one place.

Pharmacy refills previously available in-person or at best, by the phone, are now available online at Naval Hospital Okinawa, Japan, at www.oki.med.navy.mil/phar.refills.htm. This facility serves as the major referral center for more than 196,000 beneficiaries in the Western Pacific.

Naval Hospital Rota, Spain, is taking the first steps in online medical appointments with an initial offering of Well Baby visits at rota-www.med.navy.mil. Mothers wishing an appointment need only fill out an online form and the next available appointment will be scheduled with the family's primary care manager. Appointments are based on the best pre-selected times for the patient. Notices are delivered by e-mail.

At Naval Hospital Bremerton, a unique service has come online that is sure to warm the hearts of deployed parents, distant grandparents and relatives. It's called Web Babies. Pictures of the newborn and family are produced within hours after the birth and placed on the Bremerton Hospital web site at nh_bremerton.med.navy.mil with the information on the name, gender, weight, length, and time of birth.

Not to be outdone, TRICARE Central is now providing online enrollment in TRICARE Prime or TRICARE Prime Remote. If you live in the TRICARE Central service area you are eligible to sign-up. Enroll at www.triwest.com. Of course you must be registered in the Defense Enrollment Eligibility Reporting System (DEERS).

You may check out all these cyber-services at one LIFELines location, www.lifelines2000.org/services/health/default.asp.

If your medical/dental facilities are offering services online, contact LIFELines at www.lifelines2000.org/about/ideas.asp and they will be added to the official Navy quality of life services network.

Those interested in more details about LIFELines2000 should contact Capt. Bill Hendrix via e-mail at hendrix.william@hq.navy.mil or Dr. Rudy Brewington at brewington.rudolph@hq.navy.mil.

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Headline: Pharmacy data system enhances beneficiary safety
From Humana Military Healthcare Services

LOUISVILLE, Ky. - The Department of Defense's new Pharmacy Data Transaction Service (PDTs) has been successfully implemented and for thousands of beneficiaries it will increase safety when prescription drugs are dispensed at different military facilities.

The PDTs is intended to serve as an integrated record of all pharmacy services received by TRICARE beneficiaries, regardless of the source of those services.

Previously, DoD beneficiaries had their prescription filled either by the MTF's, TRICARE contract civilian retail pharmacies, or the National Mail Order Pharmacy. Each of these programs maintained a separate prescription profile of each beneficiary.

But with PDTs, each prescription will be edited against a beneficiary's total pharmaceutical history before it is filled, regardless of which pharmacy is chosen. The integration will identify potentially harmful drug interactions, duplicate treatments and check for refills that are requested too soon. The system will also allow for drug utilization review edits of all pharmacy claims within the MHS.

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Headline: Natural fire-2000 in Kenya, Africa
From Naval Hospital Camp Pendleton

CAMP PENDLETON, Ca. - In an effort to focus on humanitarian assistance and disaster relief training for the coalition armed forces of Kenya, Uganda, Tanzania and the United States, the First Medical Battalion, First FSSG, Camp Pendleton, created a medical detachment for Brigade Service Support Group-1 in support of Natural Fire-00.

"With a medical detachment of 26 personnel, the make-up was quite basic, but the end results were phenomenal," said Detachment Commander Ensign Steven Bailey, MSC. "Most importantly, our coalition support from Kenya, Tanzania, and Uganda mirrored our medical detachment. Without them we would have been able to do only minimal medical and dental treatment for the host nations because of the language barrier."

The six remote sites that were visited each day during the 14-day exercise gave all medical providers the opportunity to diagnose and treat illnesses such as Malaria, Dengue and Typhoid.

"The basic medical awareness training will have the most lasting effect on the villages because the training will be passed from generation to generation," said Bailey. "The medications will run out and illnesses may return, but the training will continue."

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Headline: Anthrax Question and Answer

Question: Is there a requirement for long-term follow-up after the anthrax vaccine is administered?

Answer: No. Just like other FDA-licensed products, the anthrax vaccine does not require follow-up monitoring of healthy vaccine recipients. Nonetheless, the DoD has already conducted such studies and is conducting more. No data collected to date shows any patterns of adverse events developing years after people have been vaccinated with anthrax vaccine or any other vaccine.

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Headline: TRICARE Question and Answer

Question: Does TRICARE Prime cover long-term care?

Answer: Prime will cover long-term health care to the extent that CHAMPUS does today, that is, noncustodial, skilled care. Please discuss specific care requirements with your local Health Benefits Advisor.

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Headline: Healthwatch: What to do when bacteria fight back

By Edward Moldenhauer, Robert E. Bush Naval Hospital

TWENTYNINE PALMS, Ca. - As we enter the 21st century, the impending improvements in medicine are mind-boggling. However, one of the most troubling aspects of these advances is that many of our previously treatable bacterial infections may no longer respond to antibiotic therapy. Bacteria are starting to fight back.

The prevalence of antibiotic-resistant bacteria is on the upswing. The Centers for Disease Control reports that vancomycin-resistant enterococci (VRE) infections rose from 0.3 percent in 1989 to 17.3 percent in 1998. Another report demonstrated that our usually susceptible *Escherichia coli* (*E. coli*) infections might show a 22 percent resistance to ampicillin and 23 percent resistance to sulfamethoxazole/trimethoprim (Bactrim/Septra).

The net result of these studies indicates that the use and misuse of antibiotics are major factors in this public health threat. In the future, patients may be exposed to bacterial infections that are untreatable.

So what can we do about it? As members of the Navy Healthcare Team, we have several responsibilities to our patients:

Decrease the unnecessary use of antibiotics. Not every cough, cold or runny nose requires the use of an antibiotic. Stand firm with a patient who demands an antibiotic. Perhaps all the patient needs is medication such as acetaminophen (Tylenol), pseudoephedrine (Sudafed) or diphenhydramine (Bendryl) to help reduce the symptoms.

Correct choice and dose of antibiotic therapy. Select the optimal antibiotic and dose it appropriately. The recommended doses are just that - recommendations.

Counsel patients concerning completion of therapy. It is important that every member of the healthcare team reinforce the importance of antibiotic therapy completion. Even when a child's ear ache begins to feel better in three to five days, it is important for the treatment to continue.

If both patients and healthcare providers are aware that antibiotic resistance is a major public health threat, perhaps we can minimize its further development. All that is required is a simple reminder to finish all of this medication or a telephone call at the five-day mark to remind and reinforce medication compliance.

We, as medical providers, are the best hope for minimizing this threat to our health.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are highly encouraged. Contact MEDNEWS editor, at email: mednews@us.med.navy.mil; telephone 202-762-3218, (DSN) 762, or fax 202-762-3224.

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